THE AGA KHAN UNIVERSITY HOSPITAL
HEALTH INFORMATION MANAGEMENT SERVICES

APPLICATION FORM FOR AMENDMENT IN BIRTH CERTIFICATE

Date : _____

Child's Medical Record No. : _____

Mother's Medical Record No. : _____

Previous Information	**Change to** (To be filled in by the Applicant)
Mother's Full Name : _____	Mother's Full Name : _____
Father's Full Name : _____	Father's Full Name : _____

The above statement is true and correct to the best of my knowledge and belief and nothing has been concealed.

_____
Signature of Mother or Father

Please Note:

1. Only Mother or Father is authorized to submit the application or collect the Birth Certificate.
2. Information given above will be considered final and authentic.
3. **No** changes will be made after the submission of this form.
4. Original Birth certificate along with a copy of National Identity Card of the Mother and Father with a processing fee of Rs. 2000/- must be submitted with the Application form.
5. Amended Birth Certificate will be issued on next working day.

ACKNOWLEDGEMENT

Please collect the **Amended Birth Certificate** applied for Medical Record No. _____ on _____.

Please bring this slip with you for collection of Certificate.

Application received by:	**Certificate received by:**
_____	_____
Signature	Signature
_____	_____
Date	Date